

PART B - FEE(S) TRANSMITTAL

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29156 7590 03/08/2004

**BELL, BOYD & LLOYD LLC
P. O. BOX 1135
CHICAGO, IL 60690-1135**

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Renee Street

(Depositor's name)

(Signature)

June 4, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/021,625	12/11/2001	Donald A. Seielstad	112703-214	5033

TITLE OF INVENTION: ENCAPSULATED ACID MIXTURES AND PRODUCTS INCLUDING SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/08/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CORBIN, ARTHUR L	1761	426-003000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Bell, Boyd &**2 **Lloyd LLC**

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Wm. Wrigley Jr. Company**Chicago, Illinois**Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 3

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-1818 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

June 4, 2004

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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06/08/2004 WABRHM2 00000063 10021625

01 FC:1501

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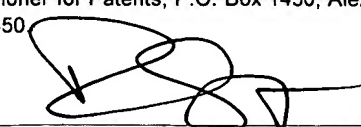
02 FC:1504

300.00 OP

03 FC:8001

9.00 OP

TRANSMIT THIS FORM WITH FEE(S)

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity) (37 C.F.R. 1.311)				Docket No. 112703-214	
Applicant(s): Seielstad et al.					
Serial No. 10/021,625	Filing Date December 11, 2001	Examiner A. Corbin	Group Art Unit 1761	Confirmation No. 5033	
Invention: ENCAPSULATED ACID MIXTURES AND PRODUCTS INCLUDING SAME					
<u>Mail Stop Issue Fee</u> <u>TO THE COMMISSIONER FOR PATENTS</u> <u>P.O. Box 1450</u> <u>Alexandria, VA 22313-1450</u>					
Transmitted herewith are the following for the above-identified application.					
<input checked="" type="checkbox"/> Issue Fee Transmittal Form PTOL-85					
<input checked="" type="checkbox"/> Utility Fee: <u>\$ 1330.00</u> <input type="checkbox"/> Design Fee: _____ <input type="checkbox"/> Plant Fee: _____					
<input checked="" type="checkbox"/> Publication Fee: <u>\$ 300.00</u>					
<input checked="" type="checkbox"/> A check in the amount of <u>\$1,639.00</u> is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-1818</u> as described below.					
<input type="checkbox"/> Charge the amount of _____					
<input checked="" type="checkbox"/> Credit any overpayment.					
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_____ <i>Signature</i>			Dated: June 4, 2004		
Robert M. Barrett (30,142) ATTORNEYS FOR APPLICANTS Bell, Boyd & Lloyd LLC P.O. Box 1135 Chicago, Illinois 60690-1135					
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